



ELECTION FOR PAYEES OF NONPERIODIC PAYMENTS

State Form 7993 (R2 / 5-07) / W-4P

Approved by State Board of Accounts, 2007

INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market Street, Suite 300

Indianapolis, IN 46204-2809

Telephone: (317) 232-3860

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

- INSTRUCTIONS:**
1. Check the appropriate box below to elect whether or not to have Federal Income Tax withheld from your death withdrawal / distribution payment. Sign and date the selection and return it to the Indiana State Teachers' Retirement Fund, 150 West Market Street, Suite 300, Indianapolis, IN 46204. Be sure you return this completed form along with the other requested forms for settlement on nonperiodic payments.
 2. Even if you elect to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your death withdrawal / distribution payment. You may also be subject to tax penalties under the estimated tax and withholding, if any, are not adequate.
 3. Nonperiodic payments will have Federal Income Tax withheld at a flat rate of 10%.
 4. For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices.
 5. Completing the form. Fill in your name, address, Social Security Number, and Indiana State Teachers' Retirement Fund (ISTRF) account number of the pension or annuity. Line 1, Exemption from withholding - check this box if you do not want any tax withheld from your payment. You do not have to give a reason for claiming the exemption from withholding. If you receive nonperiodic payments, this is the only item you can use on the form.

CAUTION: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees especially should see Publication 505, which explains the estimated tax requirements and penalties in detail.

Name	
Address (number and street, city, state, and ZIP code)	
Social Security Number *	ISTRF account number
Line 1. <input type="checkbox"/> I <u>do not</u> want to have Federal Income Tax withheld from the death settlement / distribution payment.	
Line 2. <input type="checkbox"/> I <u>do</u> want to have Federal Income Tax withheld from the death settlement / distribution payment. (The ISTRF office will calculate the amount.)	
Signature	Date (month, day, year)